PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

Olmosm

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE									2	345.00	OR		690.00
TOTAL CLAIMS			H	p minus 2	20=	* 6			X\$ 9=		OR	X\$18=	109
IND	EPENDENT CL	AIMS	3 minus 3 =			*			X39=		OR	X78=	
MU	LTIPLE DEPEN	DENT	CLAIM PF	RESENT					+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						. [TOTAL		OR	TOTAL	798		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	1
AWENDWENT A		REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE TIONA	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	0)	24	Minus	** 4	250	=		X\$ 9=		OR	X\$18=	
	Independent	· 5		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAII		JUIPLE DEF	ENL	ENT CLAIM			+130=		OR	+260=	
								. [[TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
								- 1					
		(Col	lumn 1)			Column 2)	(Column 3)				4	ADDIT. I EE	
ENT B	9	REN A	lumn 1) Laims Maining Fter Ndment		PF	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	REN A	LAIMS MAINING FTER	Minus	PF	HIGHEST NUMBER REVIOUSLY	PRESENT			TIONAL	OR		TIONAL
	Independent	CI REN A AME	LAIMS MAINING FTER NDMENT	Minus	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL	OR	RATE	TIONAL
AMENDMENT B		CI REN A AME	LAIMS MAINING FTER NDMENT	Minus	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE X\$ 9= X39=	TIONAL FEE	OR OR	X\$18= X78=	TIONAL
	Independent	CI REN A AME	LAIMS MAINING FTER NDMENT	Minus	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE X\$ 9= X39= +130=	TIONAL FEE	OR	RATE X\$18= X78= +260=	TIONAL
	Independent	CI REN A AME	LAIMS MAINING FTER NDMENT	Minus	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE X\$ 9= X39=	TIONAL FEE	OR OR	RATE X\$18= X78=	TIONAL
	Independent	CI REM A AME	LAIMS MAINING FTER NDMENT ON OF MI	Minus	## ### PENC	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2)	PRESENT EXTRA		RATE X\$ 9= X39= +130= TOTAL	TIONAL FEE	OR OR	RATE X\$18= X78= +260= TOTAL	TIONAL
AMENDMENT	Independent	CI REM A AME * * * * * * * * * * * * * * * * * * *	LAIMS MAINING FTER NDMENT ON OF MI	Minus	PF (C	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA = =		RATE X\$ 9= X39= +130= TOTAL	TIONAL FEE	OR OR	RATE X\$18= X78= +260= TOTAL	TIONAL
AMENDMENT	Independent	CI REM A AME * * * * * * * * * * * * * * * * * * *	LAIMS MAINING FTER NDMENT ON OF MI LAIMS MAINING FTER	Minus ULTIPLE DEF	PF (C	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA = (Column 3) PRESENT		RATE X\$ 9= X39= +130= TOTAL ADDIT. FEE	ADDI- TIONAL	OR OR OR	X\$18= X78= +260= TOTAL ADDIT. FEE	ADDITIONAL
AMENDMENT	Independent FIRST PRESE	CI REM A AME * * * * * * * * * * * * * * * * * * *	LAIMS MAINING FTER NDMENT ON OF MI LAIMS MAINING FTER	Minus ULTIPLE DEF	PENE	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM DENT CLAIM DENT CLAIM DENT CLAIM PAID FOR	PRESENT EXTRA = (Column 3) PRESENT EXTRA		RATE X\$ 9= X39= +130= TOTAL ADDIT FEE RATE X\$ 9=	ADDI- TIONAL	OR OR OR	RATE X\$18= X78= +260= TOTAL ADDIT. FEE RATE X\$18=	ADDITIONAL
	Independent FIRST PRESE	(Co) CI REM A AME A AME	LAIMS MAINING FTER NDMENT ON OF MIL AIMS MAINING FTER NDMENT	Minus ULTIPLE DEF	PP	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM DENT CLAIM DENT CLAIM DENT CLAIM PAID FOR	PRESENT EXTRA = (Column 3) PRESENT EXTRA = =		RATE X\$ 9= X39= +130= TOTAL ADDIT. FEE	ADDI- TIONAL	OR OR OR	RATE X\$18= X78= +260= TOTAL ADDIT. FEE	ADDITIONAL
AMENDMENT C AMENDMENT	Independent FIRST PRESE Total Independent FIRST PRESE	(Col REM AME * * * * * * * * * * * * * * * * * * *	LAIMS MAINING FTER NDMENT ON OF MI LAIMS MAINING FTER NDMENT	Minus Minus Minus Minus ULTIPLE DEF	PP (C	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM COlumn 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = (Column 3) PRESENT EXTRA = =		RATE X\$ 9= X39= +130= TOTAL ADDIT FEE RATE X\$ 9= X39= +130=	ADDI- TIONAL	OR OR OR	RATE X\$18= X78= +260= TOTAL ADDIT. FEE RATE X\$18= X78= +260=	ADDITIONAL
AMENDMENT C AMENDMENT	Independent FIRST PRESE Total Independent	(Co) CI REM A AME * NTATIO Mn 1 is mber Pi	LAIMS MAINING FTER NDMENT ON OF MIL AIMS MAINING FTER NDMENT ON OF MIL less than the reviously Paragraphic street in the reviously par	Minus ULTIPLE DEF Minus Minus ULTIPLE DEF	PENC (C PF Imm 2 IS SP/	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM COlumn 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM OENT CLAIM OENT CLAIM	PRESENT EXTRA = (Column 3) PRESENT EXTRA = = =		RATE X\$ 9= X39= +130= TOTAL ADDIT FEE RATE X\$ 9= X39=	ADDI- TIONAL	OR OR OR	RATE X\$18= X78= +260= TOTAL ADDIT. FEE RATE X\$18= X78=	ADDITIONAL